

# **FY2014 PART A APPLICATION GUIDANCE**

## **RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009**

### **MANDATORY TECHNICAL ASSISTANCE WORKSHOPS**

**APPLICANTS CURRENTLY FUNDED: January 22, 2014, 9:00 am – 1:00 pm**

**APPLICANTS NOT CURRENTLY FUNDED: January 23, 2014, 9:00 am – 5:00 pm**

**Location: Fulton County Health and Human Services Agency, 137 Peachtree St.,  
S.W., 1<sup>st</sup> Floor Conference Room, Atlanta, GA 30303**

*Please remember to bring a copy of this guidance with you to the technical assistance workshop.*

### **APPLICATION DEADLINE**

**MARCH 3, 2014 (Monday) at 12:00 NOON**

To meet the deadline, **a complete application packet** must be **received** in the Ryan White Office and time/date stamped on or before the 12:00 NOON deadline. March 3<sup>rd</sup> postmarks and faxed copies will not be accepted. **NO EXTENSIONS WILL BE GRANTED.**

#### **Application Delivery Site**

**Fulton County Health and Human Services Agency  
Ryan White Program  
137 Peachtree Street, S.W.  
Atlanta, GA 30303**

**Note:** The Certification of Receipt of Application form will certify that the application was received at the indicated time/date. A copy shall be provided to the applicant.

**Applications submitted at any point after the deadline will be returned without benefit of review.**

**Only complete submission packets will be reviewed.**

Refer to p. 14 for the definition of “complete.”

#### **For further information**

**Email your questions to:**

**[rwhiteprogram@fultoncountyga.gov](mailto:rwhiteprogram@fultoncountyga.gov)**

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## BACKGROUND INFORMATION

### IMPORTANT DATES

- Mandatory Technical Assistance Workshop: **Applicants who are currently funded: Wednesday, January 22, 2014, 9:00 am – 1:00 pm**
- Mandatory Technical Assistance Workshop: **Applicants who are not currently funded: Thursday, January 23, 2014, 9:00 am – 5:00 pm**
- Application Submission: **March 3, 2014 (Monday) at 12:00 NOON**  
**Applications submitted after the 12:00 noon deadline will be returned without benefit of review.**
- Outside Review Committee (ORC) Process: March 26-27, 2014 and April 2-3, 2014, Loudermilk Center, 40 Courtland Street, Atlanta, GA 30303.
- Funding Period: May 1, 2014 – February 28, 2015. Contracts will be for a 10 month period only.

### AVAILABILITY OF FUNDS

For fiscal year 2014, grant funds under Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (hereafter referred to as Part A) are available for application in the 20-county Atlanta Eligible Metropolitan Area.

Allocation of funds will be made in a fair and equitable manner that does not discriminate on the basis of race, color, creed, national origin, gender, sexual orientation, or religion of clientele served by an agency, community-based organization or institution requesting funds.

### ELIGIBLE APPLICANTS

In accordance with the Ryan White HIV/AIDS Program, Part A funds are awarded to the Chairman of the Board of Commissioners of Fulton County, who serves as the Chief Elected Official (CEO) of the Atlanta Eligible Metropolitan Area (EMA) and is responsible for administering the funds in accordance with applicable local laws and regulations. The Metropolitan Atlanta HIV Health Services Planning Council is responsible for setting funding priorities, developing a comprehensive plan to deliver services, and assessing the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the 20-county EMA.

Eligibility to apply for Part A funds shall be open to **not-for-profit** private or public agencies/organizations that provide HIV health care and supportive services for individuals with HIV disease and their families and meet the qualifications set forth by the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program, the Metropolitan Atlanta HIV Health Services Planning Council, and the Fulton County Ryan White Part A Program.

The Atlanta EMA includes the following counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton.

### **PROGRAM PURPOSE**

Part A funds provide direct financial assistance to EMAs that have been the most severely affected by the HIV epidemic to assist them in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV disease. As defined by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), a comprehensive continuum of care consists of **core medical services** including: 1) Outpatient and ambulatory health services (Primary Care); 2) AIDS pharmaceutical assistance; 3) Mental health services; 4) Substance abuse outpatient care; 5) Oral health care; and, 6) Medical case management, including treatment adherence services. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections as well as combination antiretroviral therapies. Comprehensive HIV/AIDS care beyond core medical services must include only those support services that enable individuals to access and remain in primary medical care and improve their medical outcomes.

### **NATIONAL HIV/AIDS STRATEGY**

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities.

The NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV.

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, Ryan White program activities should strive to support the three primary goals of the National HIV/AIDS Strategy.

### **AFFORDABLE CARE ACT**

Under the Affordable Care Act, beginning January 1, 2014, options for health care coverage for PLWH will be expanded through new private insurance coverage options available through the Health Insurance Marketplace and the expansion of Medicaid in states that choose to expand. Additionally, health insurers will be prohibited from denying coverage because of a pre-existing condition, including HIV/AIDS. An overview of these health care coverage options may be reviewed at <http://hab.hrsa.gov/affordablecareact/keyprovisions.pdf>.

By statute, RWHAP funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made...” by another payment source. This means grantees must assure that funded providers make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Grantees and their contractors are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services.

Grantees and subgrantees must assure that individual clients are enrolled in health care coverage whenever possible or applicable, and are informed about the consequences of not being enrolled. Please note that the RWHAP will continue to be the payer of last resort and will continue to provide those RWHAP services not covered, or partially covered, by public or private health insurance plans.

### **SERVICE CATEGORIES ELIGIBLE FOR FUNDING**

The following priorities were set by the Metropolitan Atlanta HIV Health Services Planning Council and represent services eligible for funding within the EMA. Definitions of the activities within each category and subcategory that are eligible for funding may be found on p. 53 (Addendum A).

| <b>SERVICE CATEGORY</b>                    | <b>TOTAL</b>        |
|--|---------------------|
| Primary Care (PC)                          | <b>\$9,084,730</b>  |
| Oral Health (OH)                           | <b>\$1,778,454</b>  |
| Local AIDS Pharmaceutical Assistance (APA) | <b>\$1,062,654</b>  |
| Case Management (CM)                       | <b>\$1,676,217</b>  |
| Mental Health (MH)                         | <b>\$1,255,308</b>  |
| Substance Abuse (SA)                       | <b>\$1,076,040</b>  |
| Support Services (SS)                      | <b>\$1,428,498</b>  |
| Food Assistance (FA)                       | \$931,000           |
| Emergency Financial Assistance (EA)        | \$25,137            |
| Psychosocial Support (PS)                  | \$208,133           |
| Medical Transportation (MT)                | \$89,200            |
| Legal Services (LS)                        | \$88,445            |
| Linguistic Assistance (LA)                 | \$60,515            |
| Child Care (CC)                            | \$26,068            |
| <b>TOTAL:</b>                              | <b>\$17,361,901</b> |

### **FUNDING EXCLUSIONS**

Part A funds may not be used to:

1. Replace current state and local HIV-related funding or in-kind resources;
2. Replace the resources of institutional inpatient settings, such as hospitals and nursing homes that are already devoted to the support of personnel providing HIV-related services;
3. Purchase or improve land, or to purchase, construct or make permanent improvements to any building except for minor remodeling;
4. Make payments directly to recipients of services;
5. Provide items or services for which payment has already been made or can reasonably be expected to be made by third party payers, including Medicaid, Medicare, the Health Insurance Marketplace, and/or other state or local entitlement programs, prepaid health plans, or private insurance;
6. Pay for out-of-state travel, research projects, clinical trials, or fund raising activities (including salaries, supplies, etc);

7. Support the portion of any space, expenses, or staff position not devoted to Ryan White activities;
8. Develop materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual;
9. Purchase of vehicles without written Grant Management Officer (GMO) approval;
10. Pay for non-targeted marketing promotions or advertising about HIV services that target the general public (poster campaigns for display on public transit, TV or radio public service announcements, etc.) or for broad scope awareness activities about HIV services that target the general public;
11. Influence or attempt to influence members of Congress and other Federal personnel;
12. Fund outreach activities that have HIV prevention education as their exclusive purpose;
13. Pay for foreign travel.

### **FEDERAL (RYAN WHITE/HRSA) REQUIREMENTS**

1. If an entity receiving funds charges for services, it must do so on a sliding fee schedule that is made available to the public. Annual aggregate charges to clients receiving services under this grant must conform to the limitations established in the statute. "Aggregate charges" applies to the annual charges imposed for all services without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges for services. This requirement applies across all service providers from which an individual receives services funded under this grant.
2. All agencies anticipating funding must show the ability to comply with the Public Health Service's requirements regarding debarment and suspension, drug-free workplace, lobbying, and the Program Fraud Civil Remedies Act. An individual with the authority to make contracts on behalf of the agency will need to certify (in the application checklist) that all agency personnel providing services with funds received as a result of this application have reviewed and will comply with these requirements.
3. All recipients of grant funds must participate in a community-based continuum of care. 'Continuum of care' is a term which encompasses the comprehensive range of services required by individuals or families with HIV infection in order to meet their health care and psychosocial service needs throughout the course of their illness. The concept of continuum of care suggests that services must be organized to respond to the individual's or family's changing needs in a coordinated, timely, and uninterrupted manner that reduces fragmentation of care.
4. The names, telephone numbers, locations of, and contacts within all subcontracting organizations or individuals shall be included in the application which must be approved prior to the distribution of funds. Letters of agreement for shared services with the participating parties must be clearly identified, with address, contact, telephone number and relationship with the applicant included.
5. All recipients of funding are required to be not-for-profit private or public agencies/organizations. For private organizations, official documentation of 501(c) (3) status is limited to documentation from the Federal Internal Revenue Service (IRS). Letters from the State, attorneys, accountants, and/or CPAs are not acceptable.

6. Indirect cost rate cannot exceed 10% and must be supported by a federally approved HHS-negotiated Certificate of Cost Allocation Plan or Certificate of Indirect Cost and is included in the overall administrative cost of 10%.
7. Administrative costs include rent, utilities, facility costs along with costs of management oversight including program coordination; clerical, financial, and management staff not directly related to patient care; program evaluation, liability insurance, audits; and equipment not directly related to patient care. The combined total of indirect costs and administrative costs cannot exceed 10% of the agency award.
8. Ryan White Part A core medical services including primary care, AIDS pharmaceutical assistance, oral health services, mental health, and substance abuse services may **only** be provided to persons who are **HIV positive**.
9. The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement. As an example of the application of this limitation: If an individual's base salary is \$350,000 per year plus fringe benefits of 25% (\$87,000) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. **Amount that may be claimed on the application budget due to the legislative salary limitation:**  
 Individual's base full time salary *adjusted* to Executive Level II:  
 \$179,700  
 50% of time will be devoted to the project  

|                        |                     |
|------------------------|---------------------|
| Direct salary          | <b>\$ 89,850.00</b> |
| Fringe (25% of salary) | <b>\$ 22,462.50</b> |
| Total amount           | <b>\$112,312.50</b> |

### **LOCAL POLICIES AFFECTING FUNDING**

The Planning Council has set forth several directives to assist the Outside Review Committee (ORC) in its deliberations to determine which service providers to fund under each service priority. These include:

1. Ryan White Part A funding supports a comprehensive continuum of care within the EMA emphasizing programs that allow PLWH to access and remain in primary care. **Any service requested must be related to this purpose.** To the greatest extent possible and appropriate, funds shall be allocated for services that are culturally competent and language appropriate.
2. All agencies anticipating funding must show the ability to comply with the **Fulton County non-discrimination policy**. An individual with the authority to make contracts on behalf of the agency will need to certify (in the application checklist) that the agency

- complies with this ordinance.
3. Funding for services for individuals residing in **AIDS housing facilities** may be funded under the appropriate Part A service category (e.g., Food, etc.).
  4. The **Local AIDS Pharmaceutical Assistance** priority category funds those medications that are included on the State AIDS Drug Assistance Program (ADAP) formulary **except for Fuzeon which will not be covered**. (See Addendum B on p. 56 for a list of drugs included in the formulary.) This definition does not include medications that are dispensed or administered during the course of a regular medical visit which are to be listed under the appropriate Primary Care, Oral Health or Mental Health priority categories.
  5. Treatment adherence counseling may only be provided **in a clinical setting in collaboration with a clinical care team**.
  6. Under the **Support Services** category, the **Food Assistance** subcategory includes provisions for food vouchers to augment foods not provided through food pantries or home delivered meals to ensure the availability of culturally appropriate foods needed by the service populations. Part A funding for **Emergency Financial Assistance** may be used for utility payments. Under the **Psychosocial** subcategory, local Ryan White Part A funds may be used to provide support and counseling activities (other than mental health counseling), peer counseling, and HIV support groups provided to clients, family, and/or friends by non-licensed counselors.
  7. Nutrition evaluation and counseling services may only be provided **by a registered dietitian in a clinical setting in collaboration with a clinical care team**.
  8. **Case Management** services shall be provided through one centralized agency that must provide those services throughout the continuum of care for all approved sites. The vendor selection process should seek to include: Positions for on-site services at minority community based organizations and rural primary care sites within the EMA; bilingual (English and Spanish) positions at primary care sites; positions to provide pre-release case management and discharge planning in jails in the City of Atlanta and Fulton, DeKalb and Cobb Counties. Thus, only one agency may be funded for Case Management and that agency must provide Case Management throughout the continuum of care for all approved sites. **Funding for inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities is Not Allowed Locally.**

Other guiding directives, established by the Grantee are as follows:

1. Funding of direct client services will receive preference over funding of facility or agency operating costs (i.e., rent, phones, etc.).
2. If requesting funding for new positions, deduct the time it takes to fill a position. Funding for the full grant period may not be necessary due to hiring delays.
3. To the greatest extent possible, funded agencies shall provide services to eligible clients without regard to his/her county of residence within the 20-county EMA.
4. To assist with client third party payer verifications, applicants may request Health Insurance Verification systems (e.g., Passport).

## **CLIENT ELIGIBILITY AND RECERTIFICATION**

In order to receive services funded by Part A, clients must:

- Have a positive HIV serostatus,
- Reside within the 20-county eligible metropolitan area,
- Have an income no greater than 300% of federal poverty level, and
- Be enrolled in primary medical care.

Recipients of Part A funds must **maintain documentation** of the items listed above prior to provision of any Part A services. **It is not acceptable for the client to self-report the information required to determine initial eligibility.** If the client is not currently enrolled in primary care, particularly new clients requesting mental health or substance abuse treatment services, documentation is required in the agency record of the client's plan and timeline for enrollment in primary care.

### **Client Recertification**

To maintain eligibility for Ryan White Part A services, clients must be recertified at least **every six months**.

1. The primary purposes of the recertification process are to ensure that an individual's residency, income, and insurance statuses continue to meet the eligibility requirements and to verify that the Ryan White Part A is the payer of last resort. The recertification process includes checking for the availability of all other third party payers.
2. Re-verification of HIV diagnosis is not required.
3. For quality management and reporting purposes, current CD4/viral load documentation is required.
4. Service providers may accept post office boxes to verify address, as long as there is another means to verify the address such as a current utility bill.
5. At **one** of the two required recertifications during a year, service providers may accept **client self-attestation** for verifying that an individual's income, residency, and insurance status complies with the eligibility requirements. Appropriate documentation is required for changes in status and at least once a year
6. Agencies are strongly encouraged to align clients' recertification with the Marketplace annual eligibility and enrollment process (e.g., "open enrollment") and/or the AIDS Drug Assistance Program enrollment date in an effort to reduce the burden on clients, increase coordination among providers, maximize enrollment with appropriate insurers, and ensure compliance with payer of last resort requirements.

## **REPORTING REQUIREMENTS**

Recipients of Part A funds must report the progress of implementing funded program activities and services on a regular basis to the Fulton County Ryan White Program.

- 1) **Expenditure Reports:**  
Monthly expenditure reports are required that itemize the disbursement of funds and are accompanied by the appropriate supporting documentation. The first report shall be submitted 45 days after contract effective date.

2) Programmatic Reports:

- A. Quarterly program reports that document progress in implementing program goals and objectives, including the number and the demographic characteristics of clients served. This report should also include any issues or problems that have impeded program implementation.
- B. Recipients of funding must participate in the Ryan White Services Report (RSR) system. The EMA utilizes an application called CAREWare on a central server for data collection on all clients who receive services supported by Part A funds as required by HRSA.

**GRIEVANCE PROCEDURES**

The EMA has **Grievance Procedures** in place related to the Request for Proposal (RFP) Process. These are available on the Ryan White webpage at <http://www.fultoncountyga.gov/ryan-white-home>.

## **REVIEW PROCESS**

Grant applications will be reviewed by an independent Outside Review Committee (ORC) which will make the final award recommendations to the Grantee. Scores will be based on the following scale:

| Score           | Descriptor     | Definition**   |
|-----------------|----------------|--|
| <b>93 – 100</b> | Excellent      | No weaknesses. Only insignificant mistakes, i.e., typos or formatting. |
| <b>86 – 92</b>  | Good           | At least one minor weakness. Raises minor concern.                     |
| <b>70 – 85</b>  | Acceptable     | At least one moderate weakness. Raises cautious concern.               |
| <b>50 – 69</b>  | Marginal       | At least one major weakness. Raises serious concern.                   |
| <b>1 – 49</b>   | Unsatisfactory | Numerous weaknesses and mistakes. Ineligible for funding.              |

### **\*\*Definitions:**

**Mistake:** A flaw in the application document, e.g., a typo or formatting error only.

**Minor Weakness:** Causes little or no concern. Examples include: (1) Applicant did not number all outcome objectives correctly; or (2) Applicant did not include correct page numbers for items in tables of contents.

**Moderate Weakness:** Causes some cautionary concern. Examples include: (1) Applicant failed to state G & Os as SMAART objectives; (2) Applicant failed to show coordination with other services providers; or (3) Applicant did not address EMA's needs assessments in justification for funds.

**Major Weakness:** Causes serious concern. Examples include: (1) Applicant did not include required LOA's; (2) Applicant did not demonstrate capacity to provide services or reach target population; (3) Applicant's funding request did not support projected number to be served.

|   |                     |
|---|---------------------|
| OVERALL SCORE   |                     |
| <b>Followed the Directions:</b> Up to 5 points may be deducted from overall score       |                     |
| Opening Materials – Cover Page, Table of Contents, and Application Checklist (3 points) |                     |
| 1. Abstract (limit = 5 pages) (14 points)   |                     |
| 2. Summary of HIV Services (no page limit) (5 points)                                   |                     |
| 3. Activities Description (limit = 6 pages) (20 points)                                 |                     |
| 4. HIV/AIDS Client Demographics (limit = 1 page) (5 points)                             |                     |
| 5. Goals and Objectives (no page limit) (6 points)                                      |                     |
| 6. Funding Request Justification (limit = 2 pages) (15 points)                          |                     |
| 7. Organizational Capacity (limit = 7 pages) (13 points)                                |                     |
| 8. Regulatory Procedures (limit = 6 pages) (19 points)                                  |                     |
| Budget Justification – F1A-F1B  | <b>DO NOT SCORE</b> |
| Budget (Excel) Spreadsheets – F2A-F2B, F3, F4, F5, F6                                   | <b>DO NOT SCORE</b> |
| Appendices  | <b>DO NOT SCORE</b> |

## APPLICATION GUIDELINES

### **DEFINITION OF A “COMPLETE” SUBMISSION PACKET**

*Incomplete packets will be returned without review.*

A submission packet will be **considered** to be **complete** if it includes:

- The application original – UNBOUND – on the provided template with pages in the following order:

#### **OPENING MATERIALS:**

**Cover Page** – fully filled out and **signed in blue ink**

**Table of Contents** – filled out to include:

- Correct page numbers for every listed item
- Initials on each listed item, indicating that a person authorized to enter into contracts on behalf of the organization has read and approved the accuracy and content of that section

**Application Checklist** – initialed to indicate that a person authorized to enter into contracts on behalf of the organization certifies each item listed

#### **NARRATIVE:** Sections 1-8

1. **Abstract** (limit = 5 pages)
2. **Summary of HIV Services** (no page limit)
3. **Activities Description** (limit = 6 pages)
4. **HIV/AIDS Client Demographics** (limit = 1 page)
5. **Goals and Objectives** (no page limit)
6. **Funding Request Justification** (limit = 2 pages)
7. **Organizational Capacity** (limit = 7 pages)
8. **Regulatory Procedures** (limit = 6 pages)

**FINANCIAL INFORMATION** - Financial and Budget spreadsheets – use the required Excel spreadsheets (**printed on 8.5”x 14” paper**)

- F1A. **Budget Justification: Agency Services**
- F1B. **Budget Justification: Subcontractual Services**
- F2A. **Budget: Agency Services**
- F2B. **Budget: Subcontractual Services**
- F3. **Budget Summary by Priority Category**
- F4. **Federal Funds Breakdown**
- F5. **Non-Federal Funds Breakdown**
- F6. **Federal & Non-Federal Funds Summary**

#### **APPENDICES**

- A. **Evidence of Tax-exempt Status or Statement by Governmental Agency**

**B. Board of Directors Membership with Summary of Demographics**

**C. Letters of Agreement** (if applicable)

**D. Third Party Payer Listing**

- Three extra copies of the entire application (opening materials, narrative, financials, appendices)
- A CD ROM or Jump Drive that contains three folders:
  1. All Microsoft Word files
  2. All Excel files
  3. All scanned files (e.g. Letters of Agreement, 501(c)(3))
- Certification of Receipt of Application form  
(Complete only the “Applicant Copy” section; staff will complete the “Office Copy” section.)

**DEFINITION OF A “COMPLETE” APPLICATION**

*Incomplete applications will receive lower scores and may be deemed unfundable.*

An **application** will be considered to be **complete** if:

- No application section (opening materials, narrative, financials, and appendices) or subsection within a section is left blank; AND
- It links all proposed activities to one or more of the priority categories listed on p. 7; AND
- It ties all budget requests to one or more SMAART outcome objectives in Section 5; AND
- All formatting requirements described below are followed.

**FORMATTING REQUIREMENTS:**

- Forms: Use the provided Microsoft Word and Excel forms, with no alterations made to those forms except as explicitly requested
- Line spacing: 1.5 or 2 (**Exception: Abstract and Budget Justification are single spaced**)
- Margins: 1” on narrative documents
- Page numbers: Every page in the application, beginning with the cover page and including the Excel spreadsheets, should be numbered sequentially
- Font: Times New Roman
- Font size: 12 (**Exception: Tables and Excel spreadsheets may use font size 10**)
- Length: No section of the narrative should exceed the page limits listed in the Table of Contents

- Photographs: Do not include any photos
- Oversized documents: Do not include (exception: Excel files should be printed on legal size -- 8.5" x 14" -- paper)

### **PREPARATION & WRITING TIPS**

- ✓ **Start preparing the application early.** Allow plenty of time to gather required information from various sources.
- ✓ **Make certain that what you are requesting is compatible with the needs of the EMA** as detailed in the "Metropolitan Atlanta HIV Health Services Comprehensive Plan" developed by the Planning Council and located on the Ryan White Program webpage at <http://www.fultoncountyga.gov/ryan-white-home>.
- ✓ **Take into account the demographic characteristics** of the HIV epidemic and **severity of service needs** in the Atlanta EMA when framing your proposal.
- ✓ **Do not modify the template or spreadsheets** except in those places in which you are explicitly requested to do so in the Guidance. Applications that fail to follow the required format will receive **lowered scores**.
- ✓ **Write for the reviewer.** Write so that reviewers who are not familiar with your program and how it relates to other existing HIV-related programs or services can understand what you are requesting and why. **Remember that no information other than that which appears in your application can be solicited or accepted from an applicant.**
- ✓ **Be organized and logical.** Many applications are scored down because the reviewers cannot follow the thought process of an applicant. All information should be presented in the section of the application in which it is requested, and **only** in that section. **The reviewers have permission to ignore information that appears in the wrong part/section of an application.**
- ✓ **Be consistent.** If what is written in one section of the application contradicts what is written in another section, the reviewers will become confused and lower the score for the application. Make sure that information provided in tables and charts is consistent with information provided in the narrative.
- ✓ **Address every item.** Do not leave any section or subsection of the template blank. If any requested information or data are not available, explain why. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. Everything you ask for in your budget should be described in the narrative and all forms should be filled in accurately and completely.
- ✓ **Triple check all numbers.** Any numbers in one section of the proposal that do not agree with numbers presented elsewhere in the proposal may make the associated request(s) ineligible for funding.

- ✓ **Do not include information that is not requested in this guidance.** Only provide specifically requested information about your agency, the services it provides, and the number of clients it serves. Do not embellish.
- ✓ **Do not include required application information in a cover letter or attachment.** All cover letters and attachments are discarded without benefit of review.
- ✓ **Submit more than one application, if needed.** Agencies have permission to submit more than one (1) application if funds are being requested from multiple priority categories and it would be difficult to justify all requests in the space allowed. **Reviewers are rarely assigned more than one application from a given agency so, even when it means duplicating information, make sure that each application can stand on its own.**

## APPLICATION GUIDANCE

### **OPENING MATERIALS – 3 POINTS**

#### **Cover Page – 1 point**

- Fill out completely using a computer before printing and signing.
- If you are requesting funds in the Support Services category make certain that the total of the Support Services Breakdown (right hand column) equals the Support Services priority category total listed under Part A Funds Requested (left hand column).
- Sign the cover sheet in **blue ink**.

#### **Table of Contents – 1 point**

- Fill in the page numbers using a computer before printing and initialing.
- Before submitting the application an individual authorized to enter into contracts on behalf of the agency must initial each section.

#### **Application Checklist – 1 point**

- Before submitting the application, an individual authorized to enter into contracts on behalf of the agency must initial each section to indicate that s/he personally certifies the items listed on the checklist.

### **NARRATIVE SECTIONS**

#### **1. Abstract (limit = 5 pages) – 14 points**

- Text may be single spaced. Helpful Hint: Complete Abstract last to ensure agreement with other sections.
- Provide information about the following:
  - **Agency mission statement and year agency founded. – 1 point**
  - **Breakdown and specific use of requested funds. Information should be broken down by priority category and specific line item and include a brief description of the use of the funds. – 3 points**  
For example:  
**PRIMARY CARE:** Funding for Salaries: \$175,000 to fund 1 physician (\$75,000), 2 nurses (2@\$50,000). Supplies: \$50 to purchase medical supplies to provide comprehensive primary care services to 100 clients.  
Note: Indicate if funding requested for services or positions is a result of the loss of another funding source.
  - **Justification of need for requested funds. – 3 points**  
Justify why your agency should be awarded the funding requested. Reference a) the EMA's Needs Assessments including the Consumer Survey and recent results on focus groups for mental health/substance abuse, self managed and youth, b) the Unmet Need Estimate, and c)

agency's own client consumer surveys. Justification should support priority categories requested and not just include information from these data sources.

Notes:

- ✓ The most current EMA Needs Assessments are located on the Ryan White website.
- ✓ The most complete Unmet Need Estimate may be found in the FY14 Atlanta EMA Application to HRSA on the Ryan White website at <http://www.fultoncountyga.gov/ryan-white-home>.

• **What the requested funds will be used to accomplish. – 3 points**

• **Description of the population to be served with funds requested. - 2 points**

Describe the demographic characteristics of the HIV population(s) that will benefit from the proposed activities and services including: Number to be served, age, race, gender, and estimated percent of clients: a) without insurance coverage (including Medicaid), and b) with income below 300% of the Federal Poverty Level

For example:

[The demographics of the 104 people projected to be served in 2014 are described below:](#)

|                  | Males<br>(n=82) | Females<br>(n=22) | Total<br>(n=104) |
|------------------|-----------------|-------------------|------------------|
| African-American | 70 (85%)        | 20 (91%)          | 90               |
| Hispanic         | 12 (15%)        | 2 (09%)           | 14               |
| 25-34 years old  | 41 (50%)        | 18 (82%)          | 59               |
| 35-45 years old  | 41 (50%)        | 4 (18%)           | 45               |

[Of all clients to be served, 89 \(86%\) are projected to be without insurance coverage \(including Medicaid\) and 104 \(100%\) will have incomes below 300% of the 2013 Federal Poverty Level.](#)

Notes:

*2013 Federal Poverty Level Chart: 300% of FPL*

| Family Size | % Gross Monthly Income | % Gross Yearly Income |
|-------------|------------------------|-----------------------|
| 1           | \$2,873                | \$34,470              |
| 2           | \$3,878                | \$46,530              |
| 3           | \$4,883                | \$58,590              |
| 4           | \$5,888                | \$70,650              |
| 5           | \$6,893                | \$82,710              |
| 6           | \$7,898                | \$94,770              |
| 7           | \$8,903                | \$106,830             |
| 8           | \$9,908                | \$118,890             |

- **Provide, by priority category, SMAART outcome objectives covering all funds requested. - 2 points**

List all outcome objectives described in Section 5, Goals and Objectives by priority category. Make sure that each objective is written in a “SMAART” format.

Note: Only the Priority Category, Goal, and Outcome Objective should be included here.

Include Process Measure only. No budget information is required. This may be in table or narrative format.

## 2. Summary of HIV Services (no page limit) – 5 points

- Complete the provided tables as in the example below.
- When filling out the tables, follow the format in the provided examples, **exactly as shown**.
- Delete any un-used rows on the provided tables or add more, as needed.

### Current HIV Services

#### Instructions:

**Column 3:** For each service, provide # HIV **clients** supported by this service in 2013. First provide # of HIV clients supported by all Ryan White funds = 132. Then provide # of HIV clients supported with all other sources of funding in 2013 (+ 200\*). These numbers = total # HIV clients supported by this service or 332. \*Source of other funds, i.e., state funds.

**Currently funded applicants should use CAREWare data for calendar year (CY) 2013.**

**Column 4:** For each service, provide # **employees** and **volunteers** providing this service in 2013. # RW-funded **employees** providing service in 2013 (all Ryan White) (+ # of employees funded through other means\*) = total employees providing this service (+ # of volunteers providing this service). \*Source of other funds, i.e., SAMHSA.

Columns 4, 5, and 6: **Information provided in these columns should be based on the FY2013 contract or budget period for the different fund sources.**

| Column 1                                 | Column 2                   | Column 3  | Column 4   | Column 5   | Column 6  |
|--|----------------------------|---|--|--|---|
| Name of HIV service (year service began) | Purpose of service.        | # HIV <b>clients</b> supported by this service in CY2013  | # <b>Employees and volunteers</b> providing this service in 2013 | <b>Amount provided</b> for this service by <b>RW Part A (only)</b> in 2013 | <b>Priority Categories</b> under which request was funded (amount per priority category) by RW Part A ( <b>only</b> ) in 2013 |
| Goodsen Clinic (2008)                    | Primary care and ADAP meds | 132 (all Ryan White funds) (+ 200*) = 332<br>*state funds | 4.5 (all Ryan White funds) (+ 1.5*) = 6 (+ 35)<br>*state funds   | \$325,126.98   | PC: (\$193,126.98);<br>PA: (\$132,000)  |

|   |                           |                              |  |     |     |
|---|---------------------------|------------------------------|--|-----|-----|
| "Faith in Ourselves" Mental Health Program (2010) | Evaluation and counseling | 0 (+ 10*) = 10<br>*donations | 0 (+ 1*) = 1 (+ 2)<br>*SAMHSA volunteer mental health counselors | \$0 | N/A |
|---|---------------------------|------------------------------|--|-----|-----|

## HIV Services Proposed for FY2014

### Instructions:

**Column 3:** For each service, provide the # HIV **clients** to be supported by this service in 2014. First provide # of HIV clients to be supported by all Ryan White funds = 150. Then provide # of HIV clients to be supported with all other sources of funding in 2014 (+ 220\*). These numbers = total # HIV clients to be supported by this service in 2014 or 370. \*Source of other funds, i.e., state funds.

**Column 4:** For each service, provide # **employees** and **volunteers** to provide this service in 2014. # RW-funded **employees** to provide service in 2014 (all Ryan White) is 6.5 (+ # of employees to be funded through other means\*) 3.5 = total employees providing this service or 10 (+ # of volunteers providing this service) or 35. \*Source of other funds, i.e., state funds or SAMHSA.

| Column 1                                 | Column 2                   | Column 3  | Column 4   | Column 5   | Column 6  |
|--|----------------------------|---|--|--|---|
| Name of HIV service (year service began) | Purpose of service         | # HIV clients to be supported by this service in 2014     | # Employees and volunteers to provide service in 2014          | Amount requested for this service from RW Part A ( <b>only</b> ) in 2014 | Priority Categories under which funds are requested (amt per priority category) for RW Part A ( <b>only</b> ) in 2014 |
| Goodsen Clinic (2008)                    | Primary care and ADAP meds | 150 (all Ryan White funds) (+ 220*) = 370<br>*state funds | 6.5 (all Ryan White funds) (+ 3.5*) = 10<br>(+35) *state funds | \$435,528.21   | PC (\$285,528.21)<br>PA: (\$150,000.00)   |
| "Faith in Ourselves" MH Program (2010)   | Evaluation and counseling  | 75 (+ 10*) = 85<br>*donations                             | 2 (+ 1.5*) = 3.5 (+ 2)<br>*SAMHSA                              | \$52,486.57  | SS: PS (\$52,486.57)  |

### 3. Description of Activities (limit = 6 pages) – 20 points

- Describe in detail, separately for **each priority category**, the proposed activities and services for which funds are requested. Include what happens to the patient/client from the time service begins, who sees the patient/client, when the service will take place and where. Provide total dollar amounts requested for each activity/service. – **10 points**

- Describe what will be accomplished if the proposed activities and services are funded. Include information on how funds will support the provision of comprehensive services, improve health outcomes, improve access to care and retention in care along with the number of clients to be served by each activity. – **10 points**

#### **4. HIV/AIDS Client Demographics (limit = 1 page) – 5 points**

- Fill in the provided table included in the narrative template.
- Not currently funded agencies should include clients with HIV/AIDS served through other funding sources. Notation should be made of fund source.
- Currently funded agencies should include those clients with HIV/AIDS served through all Ryan White funding.
- Number to be served should be supported in proposed activities and the justification of need sections.

#### **5. Goals and Objectives by Priority Category (no page limit) – 6 points**

**Note:** The purpose of writing objectives is not only to guide the activities of the EMA, but also to provide a means of quantifying accomplishments. To be useful, objectives must be Specific, Measurable, Achievable, Ambitious, Relevant, and Time-limited (SMAART).

- You must develop one or more SMAART outcome objectives **for each priority category** for which funding is being requested.
- List each budget item being requested that is associated with a given SMAART outcome objective and provide the total dollar amount requested for that budget item. Budget line items listed should include all requested for the priority category and should reflect the total priority category request.
- In addition to the typical “process” measures (e.g., the number of clients who had at least 2 primary care visits in 12 months), applicants should develop “outcome” measures that measure the extent to which a service has achieved its goals or objectives, and as defined, met the needs of its beneficiaries (e.g., the number of clients who achieve viral suppression). **Please note numbering of measures. Only the process measure should be included in the abstract.**

For example:

|   |
|---|
| <b>PRIORITY AREA: PRIMARY CARE</b>  |
| <b>GOAL:</b> To reduce HIV-related morbidity and mortality.   |
| <b>SMAART Outcome Objectives and their associated funding requests:</b>   |
| 1. By the end of the RW contract period, comprehensive primary care services will have been provided to at least 95% of clients (n=99/104) on at least a semi-annual basis. (Process Measure) |
| 1.a. By the end of the RW contract period, 80% of primary care clients for whom HAART is recommended are on treatment. (Outcome Measure)  |

|   |                 |
|---|-----------------|
| 1.b. By the end of the RW contract period, 70% of primary care clients will have improved viral load results. (Outcome Measure) |                 |
| Budget items requested: [Note: the letters A. and B. below refer to the budget page section]                                    | Total \$ amount |
| A. Salary support for 8.5 clinicians for <b>10 months</b>   | \$415,064.28    |
| B. Medical supplies to treat 104 during the <b>10 months</b>  | \$5,936.00      |

Notes: See below for a detailed explanation of what makes the example outcome objective above “SMAART”.

Make sure that each objective is written in a “SMAART” format. SMAART is:

**S** = Specific (The objective’s definition of success is clear)

**M** = Measurable (It can be objectively determined if the objective has been achieved)

**A** = Achievable (It is reasonable to expect that the objective can be accomplished within the given time frame, with the available resources)

**A** = Ambitious (The definition of success is significant enough for the accomplishment to be meaningful)

**R** = Relevant (The objective is appropriate to the service or activity for which funds are being requested)

**T** = Time limited (The objective states the earliest time that it would be fair to start determining if the objective has been met)

For example:

[For “Helping Hearts,” a hypothetical primary care clinic with a goal of increasing the quality and quantity of life for HIV+ clinic patients]

**PRIMARY CARE:** “By the end of the proposed contract period, comprehensive primary care services will have been provided to at least 95% of Helping Hearts clients (n=99/104) on at least a semi-annual basis.”

As written, the above objective is “SMAART”.

It is **Specific** (The objective states what has to happen [primary care provision], how often [at least semi-annually], to how many people [at least 97 out of 102 total clients] before the objective can be considered to have been achieved).

It is **Measurable** (A program evaluator could determine if the objective had been achieved [by looking at the clients’ medical records])

It is **Achievable** (The bar is not set too high – i.e. the objective does not promise to provide an unreasonable level of service for a primary care clinic, nor does it promise success for 100% of clients. [That is, it does not leave itself vulnerable to failure if even one single client is lost to follow up]).

It is **Ambitious** (The bar is not set too low – i.e. the objective does not make achieving success so easy that “success” is meaningless).

It is **Relevant** (The objective [provision of primary care] is directly related to the goal of the clinic [increasing the quality and quantity of life for clinic patients])

It is **Time-Limited** (The objective states how much time has to pass [the entire contract period] before it would be fair to measure whether or not this particular objective had been achieved).

- If funding is being requested in more than one Support Services subcategory, fill out and label a **separate table for each subcategory**. For example: [Support Services – Psychosocial Support](#).

| <b>PRIORITY AREA: <a href="#">SUPPORT SERVICES – PSYCHOSOCIAL SUPPORT</a></b>  |                             |
|--|-----------------------------|
| <b>GOAL:</b> <a href="#">To promote retention in primary care for persons living with HIV disease.</a>   |                             |
| <b>SMAART Outcome Objectives and their associated funding requests:</b>  |                             |
| 1. <a href="#">By the end of the RW contract period, monthly peer counseling services will have been provided to 75 clients.</a> (Process Measure) |                             |
| 1.a. By the end of the RW contract period, 95% (n=71/75) of clients will receive at least 2 primary care visits. (Outcome Measure)                 |                             |
| Budget items requested: <a href="#">[Note: the letter below A. refers to the budget page section]</a>  | Total \$ amount             |
| <a href="#">A. Salary support for 2 peer counselors for 10 months</a>  | <a href="#">\$52,486.57</a> |

Notes: See below for a detailed explanation of what makes the example outcome objective above “SMAART”.

For example:

[\[For “We Can Help,” a hypothetical AIDS service organization with a goal of increasing retention in primary care\]](#)

[SUPPORT SERVICES – PSYCHOSOCIAL SUPPORT: “By the end of the proposed contract period, monthly peer counseling services will have been provided to 75 clients with 95% \(n=71/7\) receiving at least 2 primary care visits.”](#)

As written, the above objective is “SMAART”.

It is **Specific** (The objective states what has to happen [peer counseling], how often [monthly], to how many people [75] before the objective can be considered to have been achieved).

It is **Measurable** (A program evaluator could determine if the objective had been achieved [by reviewing agency data or CAREWare data])

It is **Achievable** (The bar is not set too high – i.e. the objective does not promise to provide an unreasonable level of service for the agency, nor does it promise success for

100% of clients. [That is, it does not leave itself vulnerable to failure if even one single client is lost to follow up]).

It is **Ambitious** (The bar is not set too low – i.e. the objective does not make achieving success so easy that “success” is meaningless).

It is **Relevant** (The objective [provision of peer counseling services] is directly related to the goal of the clinic [increasing retention in primary care patients])

It is **Time-Limited** (The objective states how much time has to pass [the entire contract period] before it would be fair to measure whether or not this particular objective had been achieved).

- A sufficient number of SMAART outcome objectives should be provided to cover **every service or activity for which funding is requested**.

Currently funded agencies should use the negotiated FY2013 goals and objectives as the basis for preparation of FY2014 goals and objectives.

Each currently funded agency’s RDR (formerly CADR) for CY2013 will be provided to the Outside Review Committee for consideration during its deliberations.

**Number all outcome objectives sequentially**, rather than beginning at “1” again when starting a new priority category table (no two outcome objectives appearing in the application should have the same number).

- **Any request appearing in the budget that is not tied to an appropriate SMAART outcome objective will automatically be ineligible for funding.**

## **6. Funding Request Justification (limit = 2 pages) – 15 points**

Explain why your agency should receive funding for the services and activities you are proposing. Include a description of your agency’s qualities that will enhance the provision of services to the target population, e.g., expertise with the target population, capacity, geographic location, staffing, infrastructure, etc.

## **7. Organizational Capacity (limit = 7 pages) – 13 points**

There are multiple measures of an agency’s capacity to provide proposed services. Please address the ones listed below:

### **7a. Cultural Competence – 3 points**

Note: An organization’s ability to attract members of their target population and involve them in sponsored programs is one measure of the agency’s organizational capacity.

Healthcare providers funded via HRSA grants need to be alert to the importance of cross-cultural and language appropriate communications and general health literacy issues. HRSA supports and promotes a unified health communication perspective that addresses cultural competency, limited English proficiency, and health literacy in an integrated approach in order to develop the skills and abilities needed by HRSA-funded providers and staff to deliver the best quality healthcare effectively to the diverse populations they serve.

EMA/TGAs can find National Standards for cultural and linguistically appropriate services in

healthcare online at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>.  
Cultural competence resources for healthcare providers are available at:  
<http://www.hrsa.gov/culturalcompetence>.

Cultural competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural and linguistically diverse situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, gender and sexual orientation, and institutions of racial, ethnic, religious, or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of cultural beliefs, behaviors and needs presented by consumers and their communities.

- Provide a narrative that **addresses each** of the “Elements of Cultural Competence” listed below:

### **Elements of Cultural Competence**

**Service/Project Description and Need Justification:** Knowing the unique characteristics of the community/target population is critical to the success of proposed services.

**Experience or Track Record of Involvement with the Target Population:** The applicant organization should have a documented history of programmatic involvement with the target population/community to be served by the proposed services. Describe the agency’s track record of providing HIV-related services for the target population you are proposing to serve. If your agency does not have a documented history of programmatic involvement with the target population, describe your plans for acquiring the tools and information needed to become competent to work with them (for example, by establishing collaborations, designing and implementing a cohesive plan, seeking technical assistance, contracting services, staff sharing/co-location, or seeking special training and staff development).

**Community Representation:** The population/community targeted to receive services should participate actively in all phases of program design. There should be an established mechanism to provide opportunities for consumers, providers of services, and representatives of informal systems of care to influence and help shape the proposed services. Such mechanisms may include, but are not limited to, advisory council, cultural competency committee, and/or board of directors, with written working agreements that ensure their active participation and advisory assistance concerning direction of proposed services. Document the agency’s procedures for involving the target population in the design of services and activities that affect them. For each procedure/activity described, document how long it has been in place at the agency.

**Language and Communication:** Service related communications must be appropriate to the target population. Consider information that is available about the target group's primary language(s) and literacy levels. Multi-linguistic resources, which might include the use of skilled bilingual and bicultural individuals when appropriate, can be beneficial. Materials produced in English need to be adapted - not just translated - to meet the need of non-English speakers. Audio-visual materials, printed information on services available, hours of operation, and health related information are appropriate for the target population in terms of gender, age, culture, language, and literacy level.

**Staff Qualifications and Training:** The staff of the organization should have training activities addressing characteristics of the target population (including race/ethnicity, gender, age, sexual orientation, religious/spiritual beliefs, disability, and literacy). "Staff" would include at least administrators, advisors, board members, and direct service providers.

- List any additional aspects of target population-specific culture in which your agency will need to become competent in order to best serve your current and future clients and, for each aspect, describe the activities the agency staff will undertake in order to become competent.

#### **7b. Infrastructure – 4 points**

Note: The capacity of an organization to provide services to clients is dependent in large part on the availability of a sufficient infrastructure (space, trained staff, equipment, materials, etc.).

- Describe the infrastructure resources that are already in place to provide the activities and services being proposed in this application.
- Describe the additional infrastructure resources needed if the agency is to provide the activities and services being proposed in this application.

#### **7c. Quality Management Activities – 3 points**

Note: The goal of Ryan White quality management activities is to improve and maintain client health. Funded agencies must have the capacity to comply with EMA standards and indicators.

- Provide a list of staff members responsible for quality management activities and a description of each person's role in those activities.
- Explain the process used to monitor compliance with EMA quality management standards and indicators (including describing all of the different types of quality management data that are collected, who collects them, and how each are collected -- e.g. chart review, client satisfaction surveys, CAREWare, etc.). Give the frequency of each monitoring activity.
- Describe past projects undertaken to improve program quality and what improvements resulted from them.
- Describe current projects being implemented to improve program quality.

## **7d. Coordination of Services with Other Providers – 3 points**

Note: No agency is capable of providing the entire continuum of care for all people with and at risk for HIV. Therefore, an important measure of organizational capacity is the ability to ensure access to comprehensive care for their clients (including prevention counseling, medical case management, mental health, substance abuse, oral health and support services) by linking with other agencies is an important measure of their organizational capacity.

- Provide a list of providers with which your agency works to ensure access to comprehensive care for agency clients and describe the services each partner agency provides to your clients.
- Indicate for each whether the activity is current (already in place) or new (proposed for the future) and provide a description of your agency's activities to coordinate programs and services with other providers. Include details of your process to document that referral appointments are kept.

## **8. Regulatory Procedures (limit = 6 pages) – 19 points**

### **8a. Letters of Agreement – 2 points**

If any of the proposed services described above are to be provided at another agency/organization, or are dependent upon another agency/organization's participation, a formal Letter of Agreement needs to be in place that specifies the purpose, term of contract, delivery model, resource commitment, and responsibilities of each agency. See sample letter of agreement in Appendix C on p. 58.

**NOTE: Letters of Agreement are for shared or joint services and are not the same as general letters of support. General letters of support, which simply indicate that an agency is familiar with your work and supports your request for funding, will not be accepted.**

- Provide a list of those agencies named in section 7d. above with which you have a formal Letter of Agreement. Divide the list of agencies as follows (Note: agencies may appear on more than one list) and put a copy of the signed Letter of Agreement from each agency in Appendix C.
  - Your agency's services take place at the following providers' location.
  - Your agency's services can't take place without referrals from the following providers.

### **8b. Ensuring Access to and Retention in Primary Care – 5 points**

Ryan White Part A funding supports activities that allow PLWH to access and remain in primary care. Any service requested must be related to this purpose. Approved contractors and subcontractors will be required to maintain documentation certifying that each client is under the care of a primary care provider.

- Provide the agency's policy concerning the provision of services for clients who are not currently in primary care.

- Describe how the agency documents whether clients are or are not currently receiving primary care. Include details about who is responsible for documenting that care is or is not being received and how often documentation occurs.
- Describe how the agency facilitates access to care for clients who have never been in primary care or who are currently lost to follow up. Include details about who is responsible for this activity, the timeline for enrollment into primary care, procedures for verifying that enrollment has taken place, and activities for ensuring that enrolled clients remain in primary care in the future.

### **8c. Client Income Eligibility – 3 points**

To be eligible for receiving a service supported through Ryan White Part A, a client's income may not exceed 300% of the Official Federal Poverty Level (see 2013 Federal Poverty Level Chart on p. 19).

- Describe **in detail**, from the time a client first presents at or is referred to the agency until the process is completed, your agency's procedures for determining eligibility for Ryan White services and documenting that eligibility. Include details about who is responsible for collecting the information, when and how often it is collected, what type(s) of documentation is reviewed, and where the information is recorded.

### **8d. Payer of Last Resort – 5 points**

Ryan White funding is to be used as the payer of last resort. Funds may not be used to provide items or services for which payment has already been made or can reasonably be expected to be made by third party payers. Therefore, agencies are expected to make every reasonable effort to ensure all uninsured clients enroll in any health coverage options for which they may be eligible, including Medicaid, CHIP, Medicare, and employee-sponsored health plans and health plans offered through the Marketplace.

- Service providers must work “vigorously” to enroll clients in all programs for which they are eligible. This includes Medicaid, Medicare, and private insurance, including employer-sponsored plans and those plans available through the Health Insurance Marketplace.
- Programs should have in place policies that describe in detail the steps agencies undertake to assess eligibility for programs, assistance or referrals provided to help clients enroll, and other steps. **If clients fail to enroll in other programs for which they are eligible, the Ryan White program may continue to provide them services. However, agencies must clearly document efforts to assist the client enroll in all programs for which they are eligible.**
- Agencies must inform clients of the potential consequences for not enrolling in a health insurance plan via the Marketplace. Specifically, Ryan White Part A clients should be informed that under the Affordable Care Act, starting in 2014, if someone can afford it but doesn't have health insurance coverage, they may have to pay a fee. Some individuals may be exempt from the Affordable Care Act's requirement to enroll in health coverage. In these circumstances, the Health Insurance Marketplace or the Internal Revenue Service

(IRS) will provide individuals with certificates of exemption if they meet certain criteria. Ryan White Part A clients who obtain a certificate of exemption may continue to receive services through the Ryan White Part A.

- Under no circumstances may Ryan White Part A funds be used to pay the fee for a client's failure to enroll in minimum essential coverage.
  - If a client misses the open enrollment period and cannot enroll, agencies must make every reasonable effort to ensure the client enrolls into a private health plan upon the next enrollment period. These efforts must be clearly documented in the client record.
  - The Ryan White program can complete coverage for people with HIV by offering services that insurance or Medicaid partially covers or do not cover at all.
- Describe **in detail** your agency's policy(ies) and process(es) for determining if the client has a third party payer. Include details about who is responsible for making the determination, when and how often it occurs, what type(s) of documentation is reviewed, and where the information is recorded.
- Describe your process for how you will work to enroll clients in programs for which they are eligible.

#### 8e. Collection of Fees – 4 points

If your agency charges for services, it must do so on a sliding fee schedule that is made available to the public.

| Individual/Family Annual Gross Income               | Total Allowable Annual Charges |
|---|--------------------------------|
| Equal to or below the Official Poverty Level        | No Charges Permitted           |
| 101 to 200 Percent of the Official Poverty Level    | 5% or less of Gross Income     |
| 201 to 300 Percent of the Official Poverty Level    | 7% or less of Gross Income     |
| More than 300 Percent of the Official Poverty Level | 10% or less of Gross Income    |

Provide the agency's policy concerning collecting fees/payments/charges.

- If fees are collected, describe how the agency ensures that the **fees charged directly to clients** are in line with Ryan White requirements, when fees are collected, how funds are used by the agency, and how collection and expenditure of funds are monitored.
- It is expected that all providers have the capacity to bill for any covered service under Medicaid, Medicare, and private insurance, including the Health Insurance Marketplace. If your agency does not have the capacity to bill third party payers, please provide documentation of the barriers preventing your agency from billing or documentation that indicates where you are in the process along with anticipated approval date. Please provide a list of all third-party payers (as Appendix D) along with the services covered. Describe how funds collected from other payers (e.g., private insurance, including the Health Insurance

Marketplace, Medicaid, etc.) are used by your agency to further support provision of services and how the collection and expenditure of funds is monitored.

## **FINANCIAL INFORMATION**

**Notes and Format:** When preparing this application, **fill out the Excel budget spreadsheets (F2-F6) FIRST** and then come back to fill out the budget justifications (F1A – F1B).

## **BUDGET JUSTIFICATION**

### **Notes:**

- Using the forms (F1A and F1B) provided in the application template, provide a justification for each item requested in the budget. **Any item appearing in the budget that does not appear in the budget justification is automatically ineligible for funding.**
- Tie each request to at least one SMAART outcome objective (as listed in Narrative Section 5). Requests that are not tied to an appropriate outcome objective are automatically **ineligible** for funding.
- Provide details about each request for funding in the Abstract (Breakdown and specific use of requested funds). **Requests for which information presented in the Abstract does not agree with information presented in the Budget Justification may be ineligible for funding.**

### **Format:**

- Delete any unused table rows.
- Write “No funding requested” under the heading of categories for which no funding is requested and delete all unused tables and instructions associated with empty categories.

**Example:** If the agency “Helping Hearts” were to turn in a budget that is not requesting funds for salaries; is requesting funds for ARVs medications but not for OI meds, Non-ADAP meds or any other medications; is only asking for (medical) supplies under the Primary Care category, and is not requesting any other funding, including Subcontractual Services, the submitted Sections F1A and F1B would look like this:

## **F1A. BUDGET JUSTIFICATION: AGENCY SERVICES**

### **A. PERSONNEL**

No funding requested

### **B. MATERIALS/SUPPLIES**

#### **ADAP Justification Table**

| <b>PRIORITY CATEGORY</b> | <b>LINE-ITEM</b> | <b>ESTIMATED COST PER MONTH</b> | <b># OF CLIENTS RW (other)*</b> | <b>SMAART OUTCOME OBJECTIVE(S)<br/>(list #s from Section 5)</b> |
|--------------------------|------------------|---------------------------------|---------------------------------|---|
| AIDS Pharm. Assist.      | ARVs             | \$1,000                         | 15 (5)                          | #1  |

\* The number of clients for which Part A funding is requested (the # of clients to be served by other patient assistance programs)

Provide a detailed description of how the estimated cost per month was calculated:

[\[Answer provided here\]](#)

Provide a detailed description of how you calculated the number of monthly clients for which Part A funding for ADAP meds (ARVs + OIs) is being requested:

[\[Answer provided here\]](#)

Provide a detailed description of how you calculated the number of ADAP-eligible monthly clients to be served by other patient assistance programs:

[\[Answer provided here\]](#)

Describe the process that your agency uses to ensure that medications are obtained at the PHS 340(b) Price Level or better:

[\[Answer provided here\]](#)

**Other Medications Justification Table**

[No funding requested](#)

**Other Supplies Justification Table**

| PRIORITY CATEGORY | PRIORITY SUB-CATEGORY | SUB LINE ITEM    | SMAART OUTCOME OBJECTIVE(S)<br>(list #s from Section 5) |
|-------------------|-----------------------|------------------|---|
| Primary Care      | N/A                   | Medical Supplies | #3  |

**C. PRINTING**

[No funding requested](#)

**D. EQUIPMENT**

[No funding requested](#)

**E. EMPLOYEE TRAVEL**

[No funding requested](#)

**F. MEDICAL (CLIENT) TRANSPORTATION**

[No funding requested](#)

**G. SPACE**

[No funding requested](#)

**H. AUDIT**

[No funding requested](#)

**I. INSURANCE**

[No funding requested](#)

**J. OTHER**

[No funding requested](#)

## **F1B. BUDGET JUSTIFICATION: SUBCONTRACTUAL SERVICES**

No funding requested

### **COMPLETING THE BUDGET JUSTIFICATION**

#### **F1A. Budget Justification: Agency Services**

NOTE: Follow the Format guidelines on p. 32-33.

##### **Salary Justification Table**

- Copy and fill out a separate Salary Justification Table **for each priority category** in which personnel costs are requested. For example, **if staff positions are being requested in both Primary Care and Mental Health priority categories, two salary justification tables should be filled out. Furthermore, if one staff position is being shared between Primary Care and Mental Health, that person's unique position number should show up on both salary justification tables.**
- Do not use the same position number for more than one person.
- Make certain that each individual person's position number is identical on the budget and budget justification and, on the budget, across years.
- Provide a detailed job description for each position that is being requested. Indicate percentage of time spent providing direct services to clients and percent time spent on administrative activities.
- If you are requesting funds for more than one person with the same Position Title, and they have different duties, make this clear. Similarly, if you are requesting funds for the same person in two priority categories, and their duties or clients are different within each, make that clear. For example: **Two case managers who have the same duties but work at different facilities, two RNs who work at the same facility but have different duties, and a single case finder who splits her time between working with substance abuse clients and with mental health clients all would have tailored job descriptions.**
- For each person, list the number(s) of all SMAART outcome objective(s) from Section 5 that is/are associated with that particular salary request.

##### **Fringe Rate Justification Table**

- Part time employees paid at an hourly rate do not receive the same fringe benefit rate as for full-time positions. The overall fringe rate % reported at the top of the table is 27.50%. See explanation in section F2A. (p. 41).
- Some agencies have different fringe rates for different positions. If this is true in your agency please utilize the **ACTUAL** rate per position.

### **AIDS Pharmaceutical Assistance (APA) Justification Table**

- Total the estimated cost per month for medications on the ADAP formulary, the number of ADAP-eligible clients to be served with Part A funds, and (in parentheses) the number of ADAP-eligible clients to be served from other patient assistance programs. Put these answers, as well as the number of each SMAART outcome objective from Section 5 that is associated with a particular funding request, in the ADAP Justification Table.

For example:

| <b>PRIORITY CATEGORY</b> | <b>LINE-ITEM</b> | <b>ESTIMATED COST PER MONTH</b> | <b># OF CLIENTS RW (other)*</b> | <b>SMAART OUTCOME OBJECTIVE(S) (list #s from Section 5)</b> |
|--------------------------|------------------|---------------------------------|---------------------------------|---|
| AIDS Pharm. Assist.      | ARVs             | \$1,000                         | 25 (15)                         | #1  |

\* The number of clients for which Part A funding is requested (the # of clients to be served by other patient assistance programs)

- Provide a detailed description of how you arrived at these totals and describe the process that your agency uses to ensure that medications are obtained at the PHS 340(b) Price Level or better.

### **Other Medications Justification Table**

- Total the estimated cost per month for meds requested in each priority category (Primary Care, Oral Health, and Mental Health) and the number of clients to be served with Part A funds. Put these answers, as well as the number of each SMAART outcome objective from Section 5 that is associated with that particular medications request, in the table.
- Provide a detailed description of how you arrived at these totals and describe the process that your agency uses to ensure that medications are obtained at the PHS 340(b) Price Level or better.

### **Other Supplies Justification Table**

Notes: Definitions:

**Medical Supplies:** Items intended for patient care (e.g. gauze, syringes, paper gowns, cotton pellets, disposable suction tips, patient bibs, etc.)

**Office Supplies:** Supplies not intended for patient care (e.g. copy paper, pens, etc.)

- By priority category, list the priority sub category (if any), line item (medical or office supplies), and the number of each SMAART outcome objective from Section 5 that is associated with that particular supplies request.

### **Printing Justification Table**

- By priority category, list the priority sub category (if any), describe the items to be printed, and provide the number of each SMAART outcome objective from Section 5 that is associated with that particular printing request.

### **Equipment Justification Table**

- By priority category, list the priority sub category (if any), line item (office or facility equipment), describe the items to be purchased, and provide the number of each SMAART outcome objective from Section 5 that is associated with that particular equipment request.

### **Employee Travel Justification Table**

- For each person in the salary justification table for whom local travel funds are requested, fill in the information on the table. (Note: A given person's position number, as it appears on the salary justification table and the employee travel justification table, must be identical and the information provided about destination / specific purpose of travel or parking must be detailed).
- If a person is requesting travel funds from more than one priority category, fill out a separate row of the table for each priority category.

For example:

#### **Local Travel Justification Table**

| POSITION #: | PRIORITY CATEGORY | PRIORITY SUB-CATEGORY | DESTINATION / SPECIFIC PURPOSE OF TRAVEL OR PARKING | SMAART OUTCOME OBJECTIVE(S)<br>(list #s from Section 5) |
|-------------|-------------------|-----------------------|---|---|
| 12          | Mental Health     |                       | See clients at contracted sites                     | #4  |
| 12          | Substance Abuse   |                       | See clients in housing facilities                   | #7  |

### **Medical (Client) Transportation Justification Table**

- For each separate type of destination or purpose (e.g. [primary care visits](#), [mental health visits](#)), provide the method of travel, the number of clients to be served, and the number of each SMAART outcome objective from Section 5 that is associated with a particular client transportation request.
- If a type of destination or purpose has more than one method of travel, put each on a separate line.

For example:

#### **Medical (Client) Transportation Justification Table**

| METHOD OF TRAVEL | DESTINATION / PURPOSE | # CLIENTS | SMAART OUTCOME OBJECTIVE(S)<br>(list #s from Section 5) |
|------------------|-----------------------|-----------|---|
| MARTA Card       | Primary Care visits   | 30        | #3, 6   |
| Taxi             | Primary Care visits   | 12        | #3, 8   |

- Justify the purpose and method of travel for each destination for which funds are requested.
- Describe how the cost per trip and the number of trips per month per client was calculated for each method of travel and destination.

### **Space Justification Tables**

Notes: Only the portion of office/clinic space that is dedicated to Part A activities is eligible for Part A support for rent and/or utilities. Do not request rent for the entire office/clinic or coverage for 100% of any utilities unless the ENTIRE office/clinic does nothing except Part A-supported activities.

- RENT: By priority category, list the priority subcategory (if any). Provide the number of square feet to be devoted to Part A activities, cost per square foot, and the number of each SMAART outcome objective from Section 5 that is associated with a particular rent request.
- UTILITIES: By priority category, list the priority subcategory (if any). Provide the number of each SMAART outcome objective from Section 5 that is associated with a particular request for utilities (gas, electric, phone, water/sewer) support.

### **Audit Justification Table**

- By priority category, list the priority sub category (if any) and the number of each SMAART outcome objective from Section 5 that is associated with an audit.

### **Insurance Justification Table**

- By priority category, list the priority sub category (if any), type of insurance, and the number of each SMAART outcome objective from Section 5 that is associated with that particular request for insurance.

### **Cell Phones Justification Table**

- By priority category, list the position number of each individual requesting a cell phone.
- In the “item description/purpose” column justify the need for the phone, explain whether the request is for phone service only or is also for the purchase of a phone.
- If Part A has funded phone service for a specific position before, and this request includes funds to purchase a phone, explain why a new or additional one is needed.

### **Other Justification Table**

- By priority category, list the priority sub category (if any), describe and justify the purchase of the item being requested, and provide the number(s) of each SMAART outcome objective from Section 5 that is associated with the item. Applicants may include Insurance Verification Systems in this line item.

### **F1B. Budget Justification: Subcontractual Services**

NOTE: Follow the format guidelines on p. 32.

#### **Unit of Service Subcontracts Justification Table**

- Provide the requested information, including the number of each SMAART outcome objective from narrative Section 5 that is related to a particular funding request.

### **All other tables in Section F1B (A-J)**

- Follow the instructions provided for each analogous table in F1A, sections A-J.

## **BUDGET FORMS**

**F2A and F2B Budget Spreadsheets** – Budget will be for a 10 month period only from May 1, 2014 through February 28, 2015.

**Notes:**

- Complete this section before filling out the Budget Justification.
- Budgetary items may only be requested in the categories listed below.
- The Local AIDS Pharmaceutical Assistance and Support Service categories each have subcategories associated with them. The subcategories listed below are the **only** services in each that will be funded.

| <b>Priority Category (Code)</b>                    | <b>Priority Subcategory (Code)</b>            |
|--|---|
| Primary Care ( <b>PC</b> )                         | n/a   |
| Oral Health Services ( <b>OH</b> )                 |   |
| Local AIDS Pharmaceutical Assistance ( <b>PA</b> ) | n/a   |
| Case Management ( <b>CM</b> )                      | n/a   |
| Mental Health Services ( <b>MH</b> )               |   |
| Substance Abuse Services ( <b>SA</b> )             |   |
| Support Services ( <b>SS</b> )                     | Food Assistance ( <b>FA</b> )                 |
|  | Emergency Financial Assistance ( <b>EA</b> )  |
|  | Medical Transportation Services ( <b>MT</b> ) |
|  | Psychosocial Support Services ( <b>PS</b> )   |
|  | Legal Services ( <b>LS</b> )                  |
|  | Linguistic Assistance ( <b>LA</b> )           |
|  | Child Care ( <b>CC</b> )                      |

- Before making a budgetary request in a particular priority category or subcategory, review the description of category-specific activities eligible for funding found on p. 53 (Addendum A).
- Also see additional information about funding exclusions (p. 7), federal (Ryan White and HRSA) requirements affecting funding (p. 8) and local policies affecting funding (p. 9) before making funding requests.
- All items requested must be tied to one or more SMAART outcome objectives that you have listed in Section 5. If you are unable to identify an appropriate objective for a specific funding request, **do not request the item as it will be ineligible for funding.**

## **COMPLETING THE BUDGET FORMS**

- The budget forms are provided in an Excel file named “**F2-2014.xls**” that is comprised of two Worksheets: F2A (Agency Services) and F2B (Subcontractual Services):
  - Budget requests for services to be provided by **your** agency should be entered in **F2A. Agency Services**.
  - Budget requests for services to be provided by a **subcontractor** should be entered in **F2B. Subcontractual Services**.
- Using Excel, open the file and enter the name of your agency in **Cell C1**.
- All other information must be entered in the appropriate cells. **DO NOT** for any reason, or under any circumstance, enter information in the shaded or colored areas of the Excel file. **Doing so may render the affected line-items ineligible for funding.**
- If additional rows are needed in a budget category, insert as many rows as necessary, remembering to **copy and paste the required fields**.
- Delete unused rows within a budget category.
- If you are not requesting any funding in a complete budget category (e.g., “**A. Personnel**”), **delete the category**.
- When filling out information in each budget category, enter the priority category and subcategory by **Name**. For example:

| <b>PRIORITY<br/>CATEGORY</b> | <b>PRIORITY<br/>SUBCATEGORY</b> |
|------------------------------|---------------------------------|
| Support Services             | Medical Transportation          |

- In each budget category (e.g., A. Personnel, B. Materials/Supplies, C. Printing, etc.), enter your request for next year in the area with the heading FY14.
- For any and all items being requested that are currently funded under Part A (in FY13), also enter the amounts **approved in your Part A FY13 budget as of December 1, 2013**. Provide this information in the area with the heading FY13.

### **F2A. Agency Services**

#### **A. Personnel:**

- The following personnel should be listed in this section:
  - Salaried:** Paid weekly or monthly at a set annual rate.
  - Hourly:** Paid weekly at a set hourly rate.
  - Contractual:** Paid a flat, fixed dollar amount in exchange for a defined service.
- Subcontractual personnel should be listed in F2B. Subcontract Services.
- **Columns 1-4:** Group employees on the spreadsheet by priority category.
  - Give each employee a unique position number. If a given employee appears in more than one priority category, the same position number should appear in each priority category.

Make certain that each employee's position number is identical on the budget and budget justification across years.

For example:

Helping Hearts is requesting funds in FY14 for five employees including one employee (position #1) whose salary is being split between Primary Care (25%), Support Services: Food Assistance (25%), and Mental Health (50%); one employee (position #2) whose salary is being split between Primary Care (50%) and Substance Abuse Services (50%); two employees (positions #3-4) whose salaries are only in Mental Health (35% for one and 40% for the other, with the balance for each being picked up by other funding sources), and one employee (position #5) whose salary is only in Substance Abuse Services (75%, with the other 25% being picked up by another funding source). Of these, three employees (positions #2, #3, and #5) were also funded in FY13. After filling out their budget, the first four columns of budget category "A. Personnel," should look like this:

| FY14             |                           |                              |                        |
|------------------|---------------------------|------------------------------|------------------------|
| 1<br>Position #: | 2<br>Priority<br>Category | 3<br>Priority<br>Subcategory | 4<br>Position<br>Title |
| 1                | Primary Care              |                              | Intake Specialist      |
| 2                | Primary Care              |                              | Patient Educator       |
| 1                | Support Services          | Food Assistance              | Intake specialist      |
| 1                | Mental Health             |                              | Intake specialist      |
| 3                | Mental Health             |                              | Psychiatrist           |
| 4                | Mental Health             |                              | Counselor              |
| 2                | Substance Abuse           |                              | Patient educator       |
| 5                | Substance Abuse           |                              | Counselor              |

| FY13 Use amounts as approved in your FY13 Part A budget as of December 1, 2013 |                           |                              |                        |
|--|---------------------------|------------------------------|------------------------|
| 1<br>Position #:   | 2<br>Priority<br>Category | 3<br>Priority<br>Subcategory | 4<br>Position<br>Title |
| 2  | Primary Care              |                              | Patient educator       |
| 3  | Mental Health             |                              | Psychiatrist           |
| 2  | Substance Abuse           |                              | Patient educator       |
| 5  | Substance Abuse           |                              | Counselor              |

- **Column 5:** Record the employee's name
- **Column 6:** The dollar amount listed in column #6 for a given individual should include the amount requested from Part A **plus** the amount(s) from **any other source** of salary support for that person, no matter where it comes from. **This is the total monthly salary regardless of fund source(s).**
- **Column 7:** Fill in the number of months in the proposed (FY14) and, if applicable, current (FY13) budget period that a given employee will work over the course of the year. **If a position is currently vacant do not request 10 months of funding,** take into account that

there may be delays in interviewing and hiring new employees.

- **Column 9:** For each row, record the percent of the employee's total effort that is being requested from Part A for that particular priority category. Note: If an employee is paid from other sources than just Part A, the total Part A percent (across all priority categories for which salary is being requested) may not equal 100%.
- **Column 11:** Part time employees paid at an hourly rate do not receive the same fringe benefit rate as for full-time positions.

To calculate the fringe benefit rate for your agency divide the cost of each category of fringe benefits by your total payroll.

For example: **The Helping Hearts total payroll = \$200,000**

**Fringe Benefits**

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| FICA                    | \$15,000 | (\$15K/\$200K = .075 = 7.50%)  |
| Health/dental insurance | 25,000   | (\$25K/\$200K = .125 = 12.50%) |
| Life insurance          | 5,000    | (\$5K/\$200K = .025 = 2.50%)   |
| Unemployment            | 5,000    | (\$5K/\$200K = .025 = 2.50%)   |
| Worker's Comp           | 5,000    | (\$5K/\$200K = .025 = 2.50%)   |

**Total Fringe Benefits \$55,000 (\$55K/\$200K = .275 = 27.50%)**

The fringe rate is: 27.5% of salaries and wages.

For example:

The same agency as above (Helping Hearts) has a vacancy in position #1 but they have a volunteer ready to take the job as soon as the paperwork clears, which should take one month or less. Employee position #4 is currently vacant and the position has not yet been posted for interviews. Holding interviews and completing the paperwork will probably take two months. After filling out their budget, columns 1, 2, 7, 9 and 11 of budget category "A. Personnel," should look like this:

| FY14             |                           |                     |                  |                      |
|------------------|---------------------------|---------------------|------------------|----------------------|
| 1<br>Position #: | 2<br>Priority<br>Category | 7<br># of<br>Months | 9<br>%<br>Part A | 11<br>Fringe<br>Rate |
| 1                | Primary Care              | 9                   | 25.00%           | 27.50%               |
| 2                | Primary Care              | 10                  | 50.00%           | 27.50%               |
| 1                | Support Services          | 9                   | 25.00%           | 27.50%               |
| 1                | Mental Health             | 9                   | 50.00%           | 27.50%               |
| 3                | Mental Health             | 10                  | 35.00%           | 27.50%               |
| 4                | Mental Health             | 8                   | 40.00%           | 27.50%               |
| 2                | Substance Abuse           | 10                  | 50.00%           | 27.50%               |
| 5                | Substance Abuse           | 10                  | 75.00%           | 27.50%               |

| FY13             |                           |                     |                  |                      |
|------------------|---------------------------|---------------------|------------------|----------------------|
| 1<br>Position #: | 2<br>Priority<br>Category | 7<br># of<br>Months | 9<br>%<br>Part A | 11<br>Fringe<br>Rate |
| 2                | Primary Care              | 12                  | 50.00%           | 20.25%               |
| 3                | Mental Health             | 10                  | 100.00%          | 20.25%               |
| 2                | Substance Abuse           | 12                  | 50.00%           | 20.25%               |
| 5                | Substance Abuse           | 12                  | 100.00%          | 20.25%               |

### **B. Materials/Supplies:**

- **Columns 1-4:** The following materials and supplies may be listed in this section:

**ADAP meds:** Local AIDS Pharmaceuticals Assistance priority category.

AIDS Drug Assistance Program (ADAP) medications for persons who do not qualify for a pharmaceutical company's Patient Assistance Program due to differing financial criteria as well as minimal supplies of ADAP medications to be provided to clients prior to coverage by a Patient Assistance Program or the State ADAP.

Also included here are ADAP medications for individuals who, although otherwise eligible for medications through the State ADAP, are ineligible by virtue of the fact that they are not taking ARVs. Medications in this category are divided into ARVs and OIs (see list in Addendum B).

**Non-ADAP meds:** Primary Care priority category.

Primary care medications.

**Medications:** Oral Health and Mental Health priority categories.

Non-ADAP meds specifically used in the provision of oral health or mental health care.

**Medical Supplies:** Primary Care, Oral Health, and Mental Health priority categories

Gauze, syringes, paper gowns, cotton pellets, disposable suction tips, patient bibs, etc.

**Office Supplies:** Any priority category.

Supplies not used for patient medical care.

- **Column 5:** For each row, calculate the average cost (per month) of a particular category of medicines or supplies that would be needed for **all** clients of the agency (**not just ones to be supported through Part A**). Put this figure in column 5 (Cost/month).
- **Column 6:** For each row, provide the number of months that medicines or supplies will need to be purchased. Do not exceed the number of months available in the contract period, do not request all months of funding if a service requiring a particular category of medications or supplies is not yet set up, and do not request all months of funding if purchases are not likely to be made every month (e.g. office supplies).
- **Column 8:** For each row, determine what percent of the monthly cost should be supported by

Part A. Do not request 100% Part A support unless EVERY client served by the agency: a) is eligible to receive Part A services; b) will be participating in the activities for which the requested medicines/supplies would be needed.

### **C. Printing:**

- **Columns 1-2:** Record each priority category and, if applicable, subcategory for which funds are being requested; one per row.
- **Column 3:** Describe what is being printed.
- **Columns 4-5 or 6-7:** Information to calculate totals may be entered in EITHER columns 4 and 5 (Cost per month x Number of months) **OR** columns 6 and 7 (Cost per unit x Number of units). Do not enter information into all four columns.
- **Column 9:** For each row, determine what percent of the total cost for printing should be supported by Part A. Do not request 100% Part A support unless every single item being printed is to support a Part A service.

### **D. Equipment:**

- **Columns 1-2:** Record each priority category and, if applicable, subcategory for which funds are being requested; one per row.
- **Column 3:** Equipment is divided into two categories, based on the monetary value of a single unit of equipment. These are:
  - Office:** Monetary value of  $\leq \$5,000.00$   
For example: copiers, printers, computers, fax machines, etc.
  - Facility:** Monetary value of  $> \$5,000.00$   
For example: dental operatories, industrial refrigerators, vans, etc.
- **Column 4:** Describe the equipment requested
- **Columns 5-6 or 7-8:** Information to calculate totals may be entered in EITHER columns 5 and 6 (Cost per month x Number of months) **OR** columns 7 and 8 (Cost per unit x Number of units). Do not enter information into all four columns.
- **Column 10:** For each row, determine what percent of the total cost of the equipment should be supported by Part A. Do not request 100% Part A support unless the equipment will never, **even once**, be used for something other than a Part A service.

### **E. Employee Travel:**

#### **Notes:**

Mileage and parking costs may not be requested for travel to and from an employee's workplace. Part A funds may not be used for out of state travel. Provide sufficient detail about the travel destination and purpose in the narrative abstract (breakdown and specific use of requested funds) and the budget justification to make the justification for these funds clear.

- **Column 1-6:** For each individual for which travel funds are being requested, their information in columns 1, 2, 3, 5, and 6 must exactly match their information in columns, 1, 2, 3, 4, and 5 from F2A, section A. Personnel.
- **Column 7:** Calculate the average number of miles per month for which funding is needed.

- **Column 8:** Calculate the number of months during which employee travel will occur. Do not exceed the number of months available in the contract period, do not request all months of funding if the position for which travel is being requested is currently vacant, and do not request all months of funding if travel is not likely to be made every month.
- **Column 11:** Parking may only be requested for the specific trips for which mileage is being requested. Parking may **not** be requested for parking at an employee's worksite.

## **F. Medical (Client) Transportation:**

### Notes:

Medical (Client) transportation costs may only be requested in the Support Services: Medical Transportation subcategory and may only be used to provide access to health care services, including support groups, mental health visits, etc. For the purposes of this application, a **“trip”** is one way.

- **Column 3:** Fill out a separate row for each different method of travel and record that method in column 3.
- **Column 4:** If a single method of travel is being used for more than one category of destination/purpose of travel, fill out one row for each destination/purpose category.
- **Column 5:** Calculate the cost per trip (one way). Include the cost of purchasing a ticket/voucher as well as the fare to be loaded on that ticket/voucher.
- **Column 6:** For each row, calculate how many total (one way) trips a client will make over the course of the contract period (average this if different clients will require different numbers of trips) and divide that total by the number of months in the contract period. Record the answer in column 6.
- **Column 8:** For each row, calculate how many clients will travel in that manner, to that destination and record that in column 8.

For example:

Helping Hearts is requesting funds to provide 20 clients with a MARTA breeze ticket to come to the Helping Hearts clinic for their primary care doctor appointments. The current price of a Breeze Ticket is \$.50 for a round trip ticket and the fare is \$2.50 one way. Each client comes to see their primary care provider once every six months, totaling four trips a year per client. Four divided by 10(number of months in the contract period) = .33 trips per month per client. After these calculations, columns 3-8 of this row of the Helping Hearts Client Transportation budget would look like this:

| 3<br>Method of Travel | 4<br>Destination/Purpose | 5<br>Cost/Trip | 6<br>Trips/Month/Client | 7<br># of Months | 8<br># of Clients |
|-----------------------|--------------------------|----------------|-------------------------|------------------|-------------------|
| MARTA Breeze Ticket   | Primary care appointment | \$3.00         | .33                     | 10               | 20                |

## **G. Space:**

- **Columns 1-2:** Record each priority category and, if applicable, subcategory for which funds are being requested; one per row.
- **Column 5:** Type of (rented) space refers to what the space is used for (office space, conference room, patient exam room, etc).

- **Column 6:** Service refers to the service or activities supported in a given space. These include patient exams, support groups, categories of utilities, etc.
- **Column 7:** Calculate the cost per month **for the entire agency**, not just the portion supported by Part A.
- **Column 8:** Provide the number of months that rent/utilities will be needed. Do not exceed the number of months available in the contract period, do not request all months of funding if a space has not yet been set up.
- **Column 9:** Calculate the portion of space that is dedicated to Part A activities. Do not request rent for the entire office/clinic or coverage for 100% of any utilities unless the ENTIRE office/clinic does nothing **except** Part A activities.

#### **H. Audit/Financial Statement:**

- **Columns 1-2:** Record each priority category and, if applicable, subcategory for which funds are being requested; one per row.
- **Column 4:** Provide the name of the firm who will do the audit or financial statement.
- **Column 5:** Provide the total cost of doing an agency wide audit or financial statement (not just that portion pertaining to Part A).
- **Column 6:** Calculate the portion of the audit or financial statement that pertains to Part A activities. Do not request coverage for 100% of the audit or financial statement unless the ENTIRE office/clinic does nothing except Part A activities.

#### **I. Insurance:**

- **Columns 1-2:** Record each priority category and, if applicable, subcategory for which funds are being requested; one per row.
- **Column 4:** Provide the name of the insurance company.
- **Column 5:** Describe the type of insurance being requested.
- **Column 6:** Provide the total annual cost of a particular type of insurance for the agency (not just that portion pertaining to Part A).
- **Column 7:** Calculate the portion of the insurance that pertains to Part A activities. Do not request coverage for 100% of the insurance cost unless the ENTIRE office/clinic does nothing except Part A activities.

#### **J. Other: Cell Phones**

- **Columns 1-2:** Record each priority category and, if applicable, subcategory for which funds are being requested; one per row.
- **Columns 5-7:** For each individual for which cell phones are being requested, their information in columns 5-7 must exactly match their information in columns, 1, 4, and 5 from F2A, section A. Personnel.
- **Column 8:** Determine the total monthly cost of the cell phone service, not just that portion pertaining to Part A. **Add to that** the “monthly cost” of the cell phone itself, if one is being purchased (Determine this figure by dividing the total cost of the unit by the number of months recorded in column 9).
- **Column 9:** Record the number of months the cell phone service will be used. Under no

circumstances should this number exceed what is recorded for a given individual in Column 7 of F2A, section A. Personnel.

- **Column 10:** Calculate the portion of the cell phone and service that pertains to Part A activities. Do not request coverage for 100% of the costs unless the cell phone will NEVER, **even once**, be used for anything except Part A activities.

### **J. Other: Other Items**

Notes: Items that may be requested here include: postage, minor renovations, emergency assistance, grocery vouchers, federally-approved indirect costs, and other well justified items.

- **Columns 1-2:** Record each priority category and, if applicable, subcategory for which funds are being requested; one per row.
- **Column 4:** Describe the item being requested. If requesting indirect costs, put a copy of your **HRSA** federally approved Indirect Cost Rate or state approved Allocation Plan (which indicates the total approved amount **and** percentage and items covered) as requested in the Narrative Template.
- **Column 5:** Determine the total cost of the item. Divide the total cost by the number of months. Calculate based on the price of the entire item, not just that portion pertaining to Part A.
- **Column 6:** If the item is being purchased outright, write “1” in this column. If the item will be rented or purchased on multiple occasions write in the total number of months in which it will be rented/purchased.

### **F2B. Subcontractual Services**

Note: Funding needed to pay another agency to provide personnel and services to your agency’s clients should be requested here.

### **Unit of Service Subcontracts**

Notes: Periodic activities that are provided through subcontract with another agency should be listed here. These may include lab services, substance abuse treatment slots, counseling sessions, accountant services, interpretation services, specialty care consults, etc.

### **Other Subcontracts**

#### **A. Salary**

Note: List personnel here who provide services to your clients through another agency and are paid by that agency instead of through your own agency’s payroll.

- Follow the instructions provided for the salary table in F2A, section A.

#### **B-J. [All other sections]**

- Follow the instructions provided for Sections in F2A, sections B-J.

### **F3. Budget Summary by Priority Category**

#### **Section 1**

- **Columns A-F:** For each row, record the total of requested funds in each priority category. Leave blank if no funds were requested for a given category (row) or priority area (A-F).
- **Columns G-H:** Do not write in these columns.

#### **Section 2**

Note: This only pertains if you requested funds through the Support Services priority category.

- **Columns A-G:** For each row, record the total of requested funds in each SS subcategory. Leave blank if no funds were requested for a given category (row) or priority subcategory (A-G).
- **Column H:** Do not write in this column.

### **F4. Federal Funds Breakdown**

- **Columns A-E:** For each row, record the total of received funds (FY2013) from each Part of Ryan White. Leave **blank** if no funds were received in a given category (row) or funding Part (A-F).
- **Column F-G, I:** For each row, record the total of the specified types of received funds (FY2013).
- **Column H:** For each row, record the total of received funds (FY2013) and **specify the source** of each, i.e., SAMHSA.

### **F5. Non-Federal Funds Breakdown**

- **Columns A-E:** For each row, record the total of received funds (FY2013) from each specified source.
- **Columns F:** Do not write in this column.

### **F6. Federal and Non-Federal Funds Summary**

- **Column A:** For each row, record the total of requested funds (FY2014) from Part A.
- **Columns B-D:** Do not write in these columns.

### **SUBMITTING YOUR FINANCIAL INFORMATION**

- After completing each budget spreadsheet, save and rename the file, adding your agency's name. If you are submitting more than one application, also add a Code that describes which priority category a specific application is for. For example:  
[When the agency Helping Hearts submits their application, the budget \(F2\) file would be called "F2.HelpingHearts.xls" \(If they submitted two applications, one for Support Services \(SS\) and one for Mental Health \(MH\), their budget files would be called "F2.HelpingHearts.SS.xls" and "F2.HelpingHearts.MH.xls"\). Their other financial forms \(F3-F6\) would be called "F3.HelpingHearts.xls," "F4.HelpingHearts.xls," "F5.HelpingHearts.xls," and "F6.HelpingHearts.xls."](#)

- FOUR hard copies of the Excel financial spreadsheets (F2-F6), printed on **8.5x14** paper, must be submitted with your application packet (one with the application original and one with each of the three copies).
- Electronic copies of the Excel spreadsheets, as named above, must also be included with your application in electronic format on a jump drive or CD ROM.

**REMINDERS:**

- ✓ Follow the required budget format using required Excel spreadsheets.
- ✓ Include only items that are eligible for funding.

## **APPENDICES**

### **A. Evidence of Tax-exempt Status**

Provide documentation that your agency is a not-for-profit private or public agencies/organization.

- **Non-Governmental Organizations:** Official documentation of the agency's 501(c)(3) status is limited to documentation from the Federal Internal Revenue Service (IRS). Letters from the state, attorneys, accountants, and/or CPAs are not acceptable.
- **Governmental and Quasi-governmental Agencies:** Include a statement that indicates the entity is a public agency with tax-exempt status.

### **B. Board of Directors Membership with Summary of Demographics**

- Fill out the Board membership table including, for each person on the board: Name, address, position on the Board, company s/he works for, and the amount of time s/he has served on the Board, to date
- Provide **summary** data on race/ethnicity and gender of Board. This information should be provided for the Board as a whole and not by individual member.

For example:

#### **BOARD OF DIRECTORS**

##### **Board Membership:**

| <b><u>Name/Address</u></b>                                      | <b><u>Position on the Board</u></b> | <b><u>Affiliation</u></b> | <b><u># Years on the Board</u></b> |
|---|-------------------------------------|---------------------------|------------------------------------|
| Joe Cool<br>555 My Address Rd.<br>Decatur, GA 30030             | Secretary                           | LMN Industries            | 2 years                            |
| Jane Doe<br>999 Noplace Ave<br>Stone Mtn, GA 30306              | President                           | XYZ Company               | 3 years                            |
| José Hancock<br>32 American Way<br>Chamblee, GA 30341           | Member                              | SoftDrink, Inc.           | 4 years                            |
| John Q. Public<br>3456 Local St.<br>Apt. W<br>Atlanta, GA 33333 | Treasurer                           | Acme Enterprises          | 2 years                            |
| Susie Que<br>12 Main St<br>Atlanta, GA 30329                    | Member                              | None                      | 1 year                             |

##### **Demographic Summary**

|                              |                 |                 |
|------------------------------|-----------------|-----------------|
| <b><u>Gender</u></b>         | <b><u>#</u></b> | <b><u>%</u></b> |
| <b>Male:</b>                 | 3               | (60%)           |
| <b>Female:</b>               | 2               | (40%)           |
| <b><u>Race/Ethnicity</u></b> | <b><u>#</u></b> | <b><u>%</u></b> |

|                          |   |       |
|--------------------------|---|-------|
| <b>African American:</b> | 2 | (40%) |
| <b>Caucasian:</b>        | 2 | (40%) |
| <b>Hispanic:</b>         | 1 | (20%) |

### **C. Letters of Agreement**

- If you have Letters of Agreement to include list them alphabetically on the Appendix C title page and insert the page number on which each starts.
- See the sample Letter of Agreement on next page.
- **If you do not have any Letters of Agreement to include in your application, delete the Appendix C title page.**

Below is a sample Letter of Agreement between the agency submitting an application (named here: “Our Agency, Inc.” in this example) and another agency (named here: “Your Agency, Ltd.”).

## **LETTER OF AGREEMENT**

THIS LETTER OF AGREEMENT is being entered into by and between **Our Agency, Inc.** with its principal place of business at **1234 Peachtree Street, NW, Atlanta, Georgia, 30303**, (hereinafter referred to as “**Our Agency, Inc.**”) and **Your Agency, Ltd.**, located at **5678 Dogwood Street, Atlanta, Georgia, 30301** (hereinafter referred to as “**Your Agency, Ltd.**”) and is effective **May 1, 2011**, upon execution by both parties. This Letter of Agreement shall hereinafter be referred to as “Letter” or “Letter of Agreement”.

### **Purpose**

The purpose of this Letter of Agreement is to guide and direct the parties respecting their affiliation and working relationship. Principal objectives for the relationship shall be to:

- \* Develop a relationship with **Your Agency, Ltd.** to provide high quality service to HIV/AIDS clients.

[Use the sentence below if **Our Agency, Inc.** services are taking place at **Your Agency, Ltd.**]

- \*Enter into a collaborative relationship for the delivery of services for clients of **Our Agency, Inc.** at **Your Agency, Ltd.**

[Use the sentence below if access to **Our Agency, Inc.** services by **Your Agency, Ltd.** requires a referral from “**Your Agency, Ltd.**”]

- \* Extend access to services of **Our Agency, Inc.** to clients of **Your Agency, Ltd.**

### **Term**

This Letter of Agreement shall commence on **May 1, 2014** and end on **February 28, 2015**. Thereafter, the term shall be extended for a period of one (1) year.

### Model Delivery

[Our Agency, Inc.](#) and [Your Agency, Ltd.](#) will work collaboratively under the framework of the Ryan White service model for the delivery of services.

[Detail what services will be provided, where they will be provided, and to whom they will be provided (i.e. to clients of [Our Agency, Inc.](#) and/or clients of [Your Agency, Ltd.](#))]

[Your Agency, Ltd.](#) shall have no restrictions upon the provisions of service to other parties outside the [Our Agency Ltd.](#)

### Responsibilities

(A) [ABC Agency](#) shall:

(B) [XYZ Agency](#) shall:

### Resource Commitments

(State the conditions for provision of the shared service.)

### Implementation

(State what will be accomplished.)

### Notices

All notices or demands required under this Letter of Agreement shall be in writing and shall be deemed to have been duly given when: a) physically received in hand by the party to whom directed; or b) when sent by certified U. S. Mail, return receipt requested, postage prepaid, to the other party at the following address (or at such other addresses given in writing by either party to the other);

If to [ABC Agency](#):                      Administrative Director  
   [ABC Agency](#)  
   1234 Peachtree Street  
   Atlanta, Georgia 30303  
   Phone Number  
   E-Mail Address

If to [XYZ Agency](#):                      Administrative Director  
   [XYZ Agency](#)  
   5678 Dogwood Street  
   Atlanta, Georgia 30301  
   Phone Number  
   E-Mail Address

### Compensation for Services

(State what the compensation for the service will be.)

Confidentiality

[Our Agency, Inc.](#) and [Your Agency, Ltd.](#) both agree to abide by all State and Federal laws, rules and regulations respecting the confidentiality of the individual. Both parties agree not to divulge any information concerning any client individual to any unauthorized person without the written consent of the individual, employee, client or responsible parent.

Entire Understanding

This Letter of Agreement sets forth the entire arrangement between the parties and supersedes all prior oral and written understandings, representations, and discussions between the parties respecting the subject matter of this letter.

Governing Law

This Letter of Agreement shall be governed by and subject to the laws of the State of Georgia.

IN WITNESS WHEREOF, the parties have hereunto affixed their signatures on the dated indicated to signify their acceptance of this Letter of Agreement.

[Our Agency, Inc.](#)

[Your Agency, Ltd.](#)

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Attest: \_\_\_\_\_

Attest: \_\_\_\_\_

**D. Listing of Third-Party Payers along with Covered Services**

## **ADDENDUM A**

### **RYAN WHITE PRIORITY CATEGORY DEFINITIONS**

#### **Primary Care (PC):**

The following primary care activities are eligible for Part A support:

##### **Primary Care:**

Provision of professional, diagnostic and therapeutic services directly to a client by a physician, physician assistant, clinical nurse specialist, nurse practitioner, or other health care professional certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health and nutritional issues, minor surgery and assisting at surgery, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care. *Primary medical care for the treatment of HIV infection* includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretrovirals and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

**Medical Nutrition Therapy:** Provision of nutrition education and/or counseling provided by a licensed/registered dietitian outside of a primary care visit. The provision of nutritional services and nutritional supplements may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian.

**Treatment Adherence Services:** Provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatments.

#### **Oral Health Services (OH):**

Diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

#### **Local AIDS Pharmaceutical Assistance (APA):**

Ongoing service/program to pay for approved pharmaceuticals and or medications for persons with no other payment source. A program established, operated, and funded locally by a Part A EMA or a consortium to expand the number of covered medications available to low-income patients and/or to broaden eligibility beyond that established by a State-operated Part A or other State-funded AIDS Drug Assistance Program. Part A funds provide the covered medications on a stop-gap basis until client can be enrolled in the State-funded AIDS Drug Assistance Program or another AIDS Pharmaceutical Assistance Program.

**Anti-Retrovirals (ARV):** Included in this category are medications listed under the categories Nucleoside Analogues, Non-Nucleosides, Protease Inhibitors, Integrase

Inhibitors, and Combination Products on p. 56 (Addendum B: Georgia AIDS Drug Assistance Program Formulary)

**Opportunistic Infections medications (OIs):** Included in this category are medications listed under the category Expanded Formulary on p. 56 (Addendum B: Georgia AIDS Drug Assistance Program Formulary)

### **Case Management (CM):**

The following case management activities are eligible for Part A support:

**Medical Case Management (including treatment adherence):** A range of client-centered services that links clients with primary medical care, psychosocial and other services. This may include benefits/entitlement counseling and referral activities to assist clients with access to other public and private programs for which they may be eligible (e.g., Medicaid, Marketplace, State Pharmacy Assistance Programs, and other State or local health care and supportive services). The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically-appropriate levels of health and support services, continuity of care through ongoing assessment of the client's and other family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of the service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of the services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaption of the plan, at least every 6 months, as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

**Non-Medical Case Management** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments as medical case management does. This service definition includes benefits/entitlement counseling and referral as allowable activities. Services are provided to prevent clients from falling out of care.

### **Mental Health Services (MH):**

Psychological and psychiatric treatment and counseling services to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental-health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

### **Substance Abuse Services (SA):**

The following substance abuse activities are eligible for Part A support:

**Substance Abuse Services - Outpatient:** Provision of medical or other treatment and/or counseling to address substance-abuse problems (i.e., alcohol, and/or legal and illegal

drugs) in an outpatient setting rendered by a physician or under the supervision of a physician, or by other qualified personnel.

**Substance Abuse Services – Residential:** Provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).

## **Support Services (SS):**

**SUBCATEGORIES:** This priority category is divided into seven subcategories:

### **Food Assistance (FA):**

Provision of food or nutritional supplements from a food bank, the delivery of prepared meals, or the distribution of vouchers to purchase food. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item.

### **Emergency Financial Assistance (EA):**

Provision of one-time or short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities.

### **Medical Transportation Services (MT):**

Conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

### **Psychosocial Support Services (PS):**

Provision of support and counseling activities (other than mental-health counseling), peer counseling, and HIV support groups provided to clients, family, and/or friends by non-licensed counselors.

### **Legal Services (LS):**

Provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does **not** include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

### **Linguistic Assistance (LA):**

Provision of interpretation (oral) and/or translation (written) services by a qualified individual as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support the delivery of Part A services. Also includes sign language interpretation.

### **Child Care (CC):**

Provision of care for the children of clients who are HIV positive while the clients attending medical or other appointments or Ryan White Program-related meetings, groups, or training. **NOTE: This does not include childcare while a client is at work.**

# **ADDENDUM B** **GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP)** **FORMULARY (Rev. 11/8/13)**

| BRAND NAME   | GENERIC NAME                                    |
|--|---|
| <b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI's)</b>      |   |
| Combivir   | Lamivudine/Zidovudine                           |
| Emtriva  | Emtricitabine (FTC)                             |
| Epivir   | Lamivudine (3TC)                                |
| Epzicom  | Abacavir/Lamivudine                             |
| Retrovir   | Zidovudine (AZT)                                |
| Trizivir   | Abacavir/Lamivudine/Zidovudine                  |
| Truvada  | Tenofovir/Emtricitabine                         |
| Viread   | Tenofovir (TDF)                                 |
| Videx, Videx EC  | Didanosine/EC                                   |
| Zerit  | Stavudine (d4T)                                 |
| Ziagen   | Abacavir (ABC)                                  |
| <b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI's)</b> |   |
| Intelence  | Etravirine (TMC)                                |
| Rescriptor   | Delavirdine (DLV)                               |
| Sustiva  | Efavirenz (EFV)                                 |
| Viramune, Viramune XR  | Nevirapine (NVP)                                |
| Edurant  | Rilpivirine (RPV)                               |
| <b>PROTEASE INHIBITORS (PI's)</b>                                |   |
| Agenerase  | Amprenavir                                      |
| Aptivus  | Tipranavir (TPV)                                |
| Crixivan   | Indinavir (IDV)                                 |
| Invirase   | Saquinavir (SQV)                                |
| Kaletra  | Lopinavir/Ritonavir                             |
| Lexiva   | Fosamprenavir (FPV)                             |
| Norvir   | Ritonavir                                       |
| Prezista   | Darunavir (DRV)                                 |
| Reyataz  | Atazanavir (ATV)                                |
| Viracept   | Nelfinavir (NFV)                                |
| <b>FUSION INHIBITOR</b>  |   |
| Fuzeon**   | Enfuvirtide (ENV)                               |
| <b>INTEGRASE INHIBITOR(INSTI)</b>                                |   |
| Isentress  | Raltegravir (RAL)                               |
| Tivicay  | Dolutegravir (DTG)                              |
| <b>CCR5 ENTRY INHIBITOR</b>                                      |   |
| Selzentry***   | Maraviroc (MVC)                                 |
| <b>COMBINATION ANTIRETROVIRALS</b>                               |   |
| Atripla  | Efavirenz/ Emtricitabine/ Tenofovir             |
| Complera   | Emtricitabine/Rilpivirine/Tenofovir             |
| Stribild   | Elvitegravir/Cobicistat/Emtricitabine/Tenofovir |

| <i>ANTIVIRALS</i>                         |                  |
|---|------------------|
| Cytovene                                  | Ganciclovir      |
| Famvir*                                   | Famcyclovir      |
| Valcyte*                                  | Valganciclovir   |
| Valtrex*                                  | Valacyclovir     |
| Zovirax                                   | Acyclovir        |
| <i>TUBERCULOSIS &amp; MAC PROPHYLAXIS</i> |                  |
| Biaxin                                    | Clarithromycin   |
| Isoniazid                                 | INH              |
| Myambutol                                 | Ethambutol       |
| Mycobutin                                 | Rifabutin        |
| Pyrazinamide                              | PZA              |
| Rifadin                                   | Rifampin         |
| Zithromax                                 | Azithromycin     |
| <i>ANTIFUNGALS</i>                        |                  |
| Mycelex                                   | Clotrimazole     |
| Diflucan                                  | Fluconazole      |
| Sporanox                                  | Itraconazole     |
| Nizoral                                   | Ketoconazole     |
| Mycostatin/Nilstat                        | Nystatin         |
| <i>PCP PROPHYLAXIS/TREATMENT</i>          |                  |
| Cleocin                                   | Clindamycin      |
|   | Dapsone          |
| Mepron                                    | Atovaquone       |
|   | Primaquine       |
|   | Trimethoprim     |
| Bactrim/Septra                            | TMP/SMX SS & DS  |
| <i>TOXOPLASMOSIS</i>                      |                  |
| Leucovorin                                | Folinic Acid     |
| Daraprim                                  | Pyrimethamine    |
|   | Sulfadiazine     |
| <i>CRYPTOCOCCOSIS</i>                     |                  |
| Ancobon                                   | Flucytosine      |
| <i>ANTI-CONVULSANT/ NEUROPATHIES</i>      |                  |
| Neurontin                                 | Gabapentin       |
| <i>ANTI-INFLAMMATORY/ STEROID</i>         |                  |
|   | Prednisone       |
| <i>ANTI-EMETIC/ ANTIDIARRHEAL</i>         |                  |
| Compazine                                 | Prochlorperazine |
|   | Loperamide       |
| <i>HEMATOLOGIC AGENTS</i>                 |                  |
| Epogen, Procrit                           | Epoetin alpha    |
| <i>MISCELLANEOUS</i>                      |                  |
|   | Hydroxyurea      |

\*Medications temporarily added to the formulary due to Acyclovir backorder and shortage.

\*\*Prior Approval Application is required.

\*\*\*Trophile® test is required indicating sensitivity to the drug.

## **ADDENDUM C**

### **NON-DISCRIMINATION POLICY OF FULTON COUNTY, GEORGIA**

Employment opportunities and conditions of employment shall be free from discrimination due to race, color, creed, national origin, sex, sexual orientation, religion, or disability.

Contractors must agree to comply with Federal and State laws, rules and regulations of the County's policy relative to non-discrimination in client and client service practices because of political affiliation, religion, race, color, sex, handicap, age, sexual orientation, or national origin.

Contractors must further agree to provide services without regard to ability to pay or the current or past health condition of an individual, and in settings accessible to low-income persons.

### **CERTIFICATION**

The applicant (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant does comply in accordance with the above stated policy of non-discrimination of Fulton County. The applicant further certifies that by submitting this proposal that it will include, without modification, the above stated policy in all documents relating to the programs and services provided through the funding proposed with this application.

## **ADDENDUM D**

### **PUBLIC HEALTH SERVICE CERTIFICATIONS**

- ☞ Review the certification form regarding: DEBARMENT AND SUSPENSION, DRUG-FREE WORKPLACE, LOBBYING, AND THE PROGRAM FRAUD CIVIL REMEDIES ACT on the Ryan White website.